

Undertaking for residing in Halls/Hostels of IEST Shibpur during Pandemic of COVID-19

Date:.....

To
The Dean, Students' Welfare/Chief Warden
Indian Institute of Engineering Science and Technology, Shibpur

Sir/Madam,

I, Mr. /Ms.....Father/Mother/Legal
Guardianof Mr. /Ms , a UG/PG/research
scholar of Department/Centre/School.....of course
.....having Enrollment no.for the
academic sessiondo hereby undertake and confirm the following, in view of
the contingent circumstances arising out of the sharp outbreak of COVID-19 and Omicron cases, that:

- I am aware that the COVID-19 pandemic continues in the country and that waves of surging cases could affect West Bengal severely and the country in the near future.
- I am aware that as per the notice No RDO/832/22 dated 05.01.2022 uploaded in the official website of the Indian Institute of Engineering Science and Technology, Shibpur (IESTS) Howrah-711103, West Bengal, the administration has decided that all offline academic activities shall be kept on hold, until further order. I am further aware that the students staying in halls/hostels have been asked to leave as soon as possible.
- However, I voluntarily permit my son/daughter/ward to stay in the Hostel/Hall ----- of the IEST Shibpur to attend his/her academic activities during the COVID – 19 pandemic. I allow this even after noting that **offline attendance or physical presence in campus is not compulsory** from the side of IEST Shibpur, and that the decision of residing in halls/hostels of IEST Shibpur depends entirely on parental control.
- My son/daughter/ward is not being forced or coerced by anyone to continue his/her residence in the halls/hostels of IEST Shibpur. I will not hold the Institute authorities/administration or any member of the Institute responsible if my son/daughter/ward contaminate any COVID – 19 symptoms after staying in the hostel, or faces any problems/mishaps arising as a consequence of the pandemic.

Signature of Father/Mother/Legal Guardian)

(Signature of Student/Scholar)

Address:

Contact no.

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- If asked by administration of IEST Shibpur to leave the campus within a specified time period on account of alarming rise in COVID-19 cases, my son/daughter/ward will do so willingly and he/she will cooperate with the Institute authorities in this regard.
- My son/daughter/ward is ready to stay in the same hostel room in which he/she was staying before the pandemic, and in case institute decides to move him/her to another hostel, he/she will comply.
- I understand that my son/daughter/ward's request to change his/her hostel/room allotted to him/her may not be entertained.
- I do hereby confirm that my son/daughter/ward will compulsorily wear face masks within the institute campus and follow all the COVID – 19 protocols such as washing hands, using sanitizers and maintaining social distancing etc. I am aware that non-compliance would attract disciplinary action which might lead to revocation of the stay in the campus.
- My son/daughter/ward of the halls/hostels **shall not be allowed to go outside the campus** under any circumstances, neither visitors nor relatives will be permitted entry inside the hostel. The only exception is for medical purposes, wherein the permission of the Chief Warden will be essential. In case due to some medical emergency and/or severe family reasons, if my son/daughter/ward need to go out, he/she shall apply to Chief Warden and follow all the guidelines prescribed by authorities from time to time.
- My son/daughter/ward is aware that if he/she has co-morbidities like asthma/hypertension/any respiratory illness/ diabetes/dyslipidemia/obesity/psychiatric conditions/heart diseases/thyroid disease or any condition of decreased immunity, he/she will inform the Health Centre immediately.
- My son/daughter/ward will cooperate with all Institute personnel (e.g. the Health Centre personnel, the security personnel, the Wardens, caretakers, office personnel etc.), in the discharge of their duties. He/she is aware that lack of cooperation could attract disciplinary action.
- My son/daughter/ward will monitor his/her health during the period of stay on campus. In the event that my son/daughter/ward develops a fever, cough/COVID-19 like symptoms during stay, then he/she will intimate the same to the Health Center immediately and will strictly follow therecommendations of the Health Center.
- My son/daughter/ward understands that Health Center in IEST Shibpur is a primary healthcare center with limited facilities and in the event that he/she is tested to be COVID-19 positive (asymptomatic or symptomatic), he/she will have to use the COVID care medical facility available on campus or in the city. In such cases, he/she will get admitted to a COVID care facility on campus or a dedicated hospital in the city for such period as may be advised by the Health Centre. I am also aware that the student's health insurance policy (if applicable for my ward/son/daughter) may not fully cover the medical expenses towards COVID care.
- My son/daughter/ward will fully comply with any measures or guidelines prescribed by the Institute from time to time in this regard.

Signature of Father/Mother/Legal Guardian)

(Signature of Student/Scholar)

Address:

Contact no.

Contact No.